

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90063 023 ****70.00

DOCUMENT # N00000006997

1. Entity Name

ABUNDANT LIFE HEALTH & FITNESS CENTER, INC.

Principal Place of Business

**3600 SOUTH STATE ROAD 7
 SUITE 303
 MIRAMAR FL 33023**

Mailing Address

**3600 SOUTH STATE ROAD 7
 SUITE 303
 MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1003611

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEVENS, KEVINS SR.
 3600 SOUTH STATE ROAD 7
 SUITE 303
 MIRAMAR FL 33023**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME STEVENS, VERA M
 STREET ADDRESS 3600 SOUTH STATE ROAD 7 #303
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Change ☒ Addition
 NAME Vickev Mendez
 STREET ADDRESS 7630 1st Buchanan Street
 CITY-ST-ZIP Hollywood FL 33024

TITLE VD ☐ Delete
 NAME STEVENS, KEVINS SR.
 STREET ADDRESS 3600 SOUTH STATE ROAD 7 #303
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Change ☒ Addition
 NAME Ruby Mahone
 STREET ADDRESS 1681 NW 189th Ter
 CITY-ST-ZIP Miami FL 33169

TITLE SD ☐ Delete
 NAME HAILE, DONNELL
 STREET ADDRESS 941 N.W. 201 STREET
 CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☒ Addition
 NAME Jackie Townsend
 STREET ADDRESS 20501 NW 46th Avenue
 CITY-ST-ZIP Miami FL 33055

TITLE TD ☐ Delete
 NAME STEVENS, KEVINS JR.
 STREET ADDRESS 3600 SOUTH STATE ROAD 7 #303
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Change ☒ Addition
 NAME Joseph Witherspoon
 STREET ADDRESS 2546 Mayo Street
 CITY-ST-ZIP Hollywood, FL 33020

TITLE D ☐ Delete
 NAME HAILE, OLIN
 STREET ADDRESS 941 N.W. 201 STREET
 CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME MAHONE, JAMES E
 STREET ADDRESS 1681 N.W. 189 TERRACE
 CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vera M. Stevens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

Daytime Phone #

254

CR2E037 (10/00)